SEX AFTER A HEART ATTACK OR HEART SURGERY

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SEX AFTER A HEART ATTACK OR SURGERY

Introduction:

Sexual intercourse, as you know, temporarily increases blood pressure, heart-rate, and breathing. Because of this, many heart patients refrain from sex because of the fear of bringing on a heart attack. Heart disease needs not necessarily be a valid reason for abstaining from sexual intercourse. Often it is the partner who has this anxiety and the resulting conflict and frustrations may cause a worsening of the patient's heart condition. Medication may interfere with sexual activity, for example, temporary impotence may be an undesirable side effect of drugs used to treat hypertension and heart disease, but this and other similar side effects can often be corrected through a change in medication.

First steps after a heart attack or heart surgery:

Anxieties over impotence and rejection may be allayed if gentle forms of sexual activity that are non-taxing are resumed as soon as the patient returns home. I would recommend such pleasurable activities as cuddling, touching, stroking, caressing, and sensual non-genital massage. All these activities should be conducted without any expectation of intercourse whatsoever.

These non-taxing activities are known to help to lovingly bond the partners emotionally. This boosts confidence and aids in the resumption of sexual intercourse.

In an uncomplicated recovery, the patient and partner may resume less energetic sexual activities such as mutual masturbation (or oral sex if it is a mutually accepted activity), when he or she can tolerate an accelerated heart rate of 130 beats-per-minute. This usually occurs after about four to eight weeks.

Resuming normal intercourse:

Sexual intercourse is a lot less stressful than popular opinion would have us believe. In fact the heart-rate may rise more through the stress of simply crossing a busy city street intersection than through the activities of intercourse. As a general rule, if the heart patient can cope with the effort of climbing two flights of stairs or briskly walking two or three blocks, which is usually about sixteen weeks after a heart attack, then he or she can usually resume normal sexual intercourse.

If a patient is concerned about how much sexual activity he or she can tolerate, the doctor may be able to tell a patient what his or her maximum safe heart-rate is by the use of a standard series of stress tests followed by electrocardiograms (ECGs). The patient may then estimate if his or her heart-rate falls within this suggested safe level.

Words of caution:

1. You should inform your doctor if any of the following occurs:
   a. you suffer unusual fatigue the day after love making,
   b. you have palpitations that continue for more than fifteen minutes after sexual intercourse,
   c. you have any chest pains either during or after any sexual activity,
   d. sleeplessness resulting from the exertion of sexual activities.

Your doctor may be able to prescribe Nitroglycerine (Trinitrin, Glyceryl trinitrate) to be used immediately before sexual intercourse. Nitroglycerine is a drug which caused a temporary dilation of the coronary artery and is usually administered in a tablet form which is dissolved sublingually (under the tongue) immediately before exertion.

2. Heart patients are warned not to consume alcohol prior to intercourse, as alcohol raises the demand on the heart. Alcohol reduces inhibitions which has the effect on some couples of improving the opportunity for sexual activity, however, even a very small amount of alcohol causes a dulling of sexual responsiveness, resulting in frustration, frantic activity, and subsequently a dramatic increase in both the heart-rate and blood pressure.

3. Sexual intercourse at unaccustomed high altitudes over 1,524 metres (5,000 feet) is considered by some specialists to be risky.

4. Heart patients should refrain from intercourse for at least three hours after a heavy meal.

5. It would be wise to avoid sexual encounters which put additional stress upon you as a heart patient. Especially to be avoided is sex with a new partner (eg: an extramarital affair) as this, apart from the moral and/or Biblical considerations, creates additional stress through guilt, an unfamiliar location, performance anxiety, and the unaccustomed drinking and/or eating that is characteristic of such encounters.

If you are at all worried about any of the above, discuss your concerns with your doctor without delay.

Improving intercourse after surgery or a heart attack:

Pleasurable sex does not have to be athletic sex. By "taking it easy", the patient not only is likely to gain a greater degree of pleasure (due to the heightening of sensation resulting from prolonging foreplay) but is more likely to remain within his or her exercise tolerance. I would like to recommend choosing an exertion-reduced, comfortable position during sexual intercourse, such as facing each other whilst lying side-by-side, or with the patient on his or her back and the partner on top.

If you can find a comfortable wide chair (preferably without arms) which is low enough for you to sit on with both feet touching the floor, you may find the "sitting position" an exciting variation which reduces the work-load on the heart.

Preparing for sexual intercourse by choosing the time and place may reduce spontaneity, but it also reduces stress. Adequate contraceptive measures should be taken (see separate leaflet "Contraception and the heart patient"). The best time of day is first thing in the morning after a good night's sleep, or later in the day if an adequate rest period can be had both before and after sexual activity. A prolonged cuddle after sexual intercourse, even if one or both partners falls asleep, can allow excitement to both pleasurably and gradually diminish. In considering the place, it is advisable to avoid a hot humid room if at all possible - the least stress-producing environment for intercourse for heart patients is a reasonable cool, draught-free, room which is free from distractions.

Contraception:

For information on contraception after a heart attack or heart surgery, refer to the leaflet entitled "Contraception and the heart patient".

When problems occur:

When a heart patient is forced to curb his lifestyle, this may result in a loss of self esteem. Such loss may result in sexual dysfunction, for example, temporary impotence. In the same way, a patient who becomes dependent upon his or her spouse to assist in the daily tasks of post-operative "survival" may find difficulty in relating to that person sexually. The enormous physical and emotional stress of a heart attack or heart surgery may cause insomnia, sexual unresponsiveness, anxiety, difficulty having an orgasm, and, more commonly, depression. Some

patients subconsciously use their heart condition as an excuse to abstain from sexual activities in what was a sexual active relationship prior to the onset of the medical condition.

Experience has shown, however, that many of those who are courageous enough to be honest about a particular sexual problem have been very grateful for the advice given by a qualified counsellor.

Most sex therapy and counselling enjoys a very high success rate and it is entirely confidential. The factors promoting success are early referral, the honesty and openness of the heart patient, the patient's confidence in the skills, professionalism and expertise of the counsellor, and the willingness of both partners to attend and to carry out the therapist or counsellor's guide-lines. Most professional sex counsellors and therapists, through experience and thorough training, are very much aware of most the difficulties being experienced by their patients. It should be noted here that because of our qualifications, experience and professional approach, I and most all other sex therapists and counsellors neither desire nor are required to observe their patients in the performing of any kind of sexual activity. A 'plan of action' is tailored to the needs of the patients and is carried out in private. For further information on sex counselling, a leaflet on this subject is available from the writer.

About the writer:

Mr. L. D. C. Hartley, is a Sex & Family life counsellor in private practice. His specialist field is providing sex counselling and therapy to couples and individuals prior to and following surgery, and after trauma or the diagnosis of medical disorders and to the physically disabled and mentally handicapped.

For consultation details, Telephone (049) 73 1233.
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